

## **COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

Certificate of Authority

0857447.06

mstratton L902

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 5/13/2013 12:00 AM Fee Receipt: \$90.00

| Pursuant to the provisions of KRS 14A and KRS 2718, 273, 274, 275, 382 and 388 the undersigned hereby applies for authority to transact business in Ker on behalf of the entity named below and, for that purpose, submist the following statements:  1. The entity is a: profit corporation (KRS 271B). professional service corporation. professional service corporation. professional service corporation. professional service described in the statement of pulps of the corporation. professional service corporation. profes | PO Box 718<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov                      | (Foreign Business   | s Entity)   | NATION<br>to beares only find a<br>totally is find period wh | ATE OF URCOMIZATION AND EX<br>to daily of urganization is the date to<br>suiperted of distribut of the burshess |
|--|--|---|---|--|---|
| Dusiness trust (KRS 386).   Similated liability company (KRS 276).   professional limited liability company (KRS 276).   Innited partnership (KRS 382).   Innited partnership (KRS 382).   SURGICOR LLC (The name must be identical to the name on record with the Secretary of State.)  3. The name of the entity to be used in Kentucky is (if applicable): SURGICOR LLC (Only provided if "real name" is unavailable for use; otherwise, leave blank.)  4. The state or country under whose law the entity is organized is TENNESSEE  5. The date of organization is 10/19/2012   |  |   |   | nereby applies for author                                    | ity to transact business in Kentucky  |
| The name must be identical to the name on record with the Secretary of State.)  3. The name of the entity to be used in Kentucky is (if applicable); SURGICOR LLC (Only provide if "real name" is unavailable for use; otherwise, leave blank.)  4. The state or country under whose law the entity is organized is TENNESSEE  5. The date of organization is 10/19/2012 and the period of duration is Perpetual (if left blank, the period of duration is considered perpetual.)  6. The mailing address of the entity's principal office is 318 SEABOARD LN STE 305 , 37067-2880 FRANKLIN TN 37067-2880  5. The street address of the entity's registered office in Kentucky is 318 SEABOARD LN STE 305 , 37067-2880  7. The street address of the entity's registered office in Kentucky is 306 W. Main Street, Suite 512, Frankfort KY 40601  Street Address (No P.O. Box Numbers) City State Zip Code and the name of the registered agent at that office is C T Corporation System  8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):  THESE LAWS IN 318 SEABORD LAWS SITE 305 FRANKLIN TN 37067  Name Street or P.O. Box City State Zip Code  TS 4 K-TER LAWS TN 37067  Name Street or P.O. Box City State Zip Code  JEST LAWS TN 37067  Name Street or P.O. Box City State Zip Code  JEST 4 K-TER LAWS TN 37067  Name Street or P.O. Box City State Zip Code  JEST 4 K-TER LAWS TN 37067  Name Street or P.O. Box City State Zip Code  JEST 4 K-TER LAWS TN 37067  Name Street or P.O. Box City State Zip Code  JEST 4 K-TER LAWS TN 37067  Name Street or P.O. Box City State Zip Code  JEST 4 K-TER LAWS TN 37067  JEST 4 K-TER LAWS TN 3 | business limited pa  | trust (KRS 386). X limi<br>rtnership (KRS 362).                       | 요즘이 내려가 있는데 이는 대략을 하는데 있다면서 하셨다면 하는 사람들이 되는데 되었다. 이 없는데 다른데 없는데 다른데 없다면 되었다면 하는데 되었다면 되었다면 하는데 되었다면 되었다면 하는데 되었다면 되었다면 하는데 되었다면 하는데 되었다면 하는데 되었다면 되었다면 하는데 되었다면 되었다면 되었다면 하는데 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 | -  |   |
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| Street Address  City  State  Zip Code  7. The street address of the entity's registered office in Kentucky is  306 W. Main Street, Suite 512,  Frankfort  KY  40601  Street Address (No P.O. Box Numbers)  and the name of the registered agent at that office is  C T Corporation System  8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):   AMES LANSON TR  318 SEARAND LONE SOME 305  FRANKLIN  TO  37067  Name  Street or P.O. Box  City  State  Zip Code  TOS 41  Name  Street or P.O. Box  City  State  Zip Code  TOS 41  Name  Street or P.O. Box  City  State  Zip Code  TOS 41  Name  Street or P.O. Box  City  State  Zip Code  TOS 41  Name  Street or P.O. Box  City  State  Zip Code  TOS 41  Name  Street or P.O. Box  City  State  Zip Code  10. I certify that, as of the date of filling this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.  10. I certify that, as of the date of filling this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.  11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:  12. This application will be effective upon filling, unless a delayed effective date and/or time is provided.  The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is  (Delayed effective date and/or time is  (Delayed effective date and/or time is  (Delayed effective date and/or time is   |  |   | FRANKLIN  | TN   | 37067-2880  |
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| 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):    Tarker   |  |   |   |  | •   |
| 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):    James  | and the name of the registered agent of  | that office is C T Corporation  | n System  |  | and the state of the supplier of the same the   |
| Name Street or P.O. Box City State Zip Code  City State Zip Code  Tos 4 A. The Street or P.O. Box City State Zip Code  Tos 4 A. The Street or P.O. Box City State Zip Code  9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secrand treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.  10. I certify that, as of the date of filling this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.  11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:  12. This application will be effective upon filling, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is  (Delayed effective date and/or time)  Toss A. The Contract Size of the contrac |  |   |   |  |   |
| Name  Street or P.O. Box  City  State  Zip Code  37064  Name  Street or P.O. Box  City  State  Zip Code  Tost if A professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secre and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.  10. I certify that, as of the date of filling this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.  11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:  12. This application will be effective upon filling, unless a delayed effective date and/or time is provided.  The effective date or the delayed effective date cannot be prior to the date the application is filled. The date and/or time is  (Delayed effective date and/or time)  | 8. The names and business addresses  | of the entity's representatives (s                                    | secretary, officers and director  | rs, managers, trustees or                                    | r general partners):  |
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| 9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.  10. I certify that, as of the date of filling this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.  11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:  12. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is  (Delayed effective date and/or time)  |  |   |   |  | Zip Code  |
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| The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is (Delayed effective date and/or time)  Tosy Lines Control 5/10/13  |  |   |   |  |   |
| JOSH RIMER, CONTROLER 5/10/13  | 12. This application will be effective upor<br>The effective date or the delayed effective | n filing, unless a delayed effective date cannot be prior to the date | ve date and/or time is provided ate the application is filed. The   | e date and/or time is  |   |
|  | 011  |   |   | (De  | layed effective date and/or time)   |
|  | Uny the  | and the second  | JOSH LITTER, C  | ONTROLER   | 5/10/13   |
|  | Signature of Authorized Representative   |   | Printed Name & Title  |  | Date *  |
| , C T Corporation System, consent to serve as the registered agent on behalf of the business entity.   | . C T Corporation System   |   | annount to come on the  | mintored agent on behalf                                     | of the husiness entity  |

Rachel Glasheen

Printed Name

Vice President & Assistant Secretary

(01/12)

Signature of Registered Agent

Type/Print Name of Registered Agent

C T, Corporation System

**Division of Business Filings** 

**Business Filings**